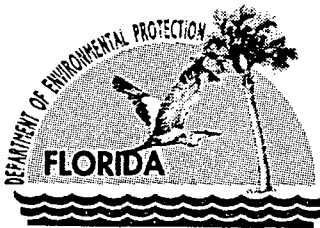


Fees 98-01

SOC 3

Compliance IN

1/10/03 Called + asked to speak to Stan Schaffer. I was asked to call back at a later time. (CDB)



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

February 3, 2003

Mr. Stan Schaffer
Craftmaster Cleaners
1737 East Commercial Boulevard
Ft. Lauderdale, Florida 33334

Re: Facility No.: 0112408-002

Dear Mr. Schaffer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 2, 2003.

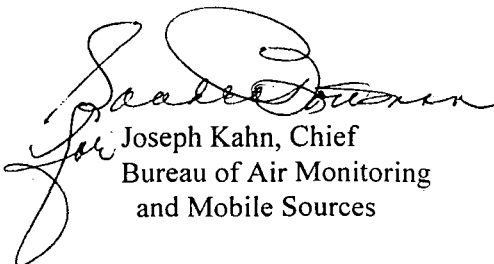
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JAN 02 2003

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Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): F.R.S., INC.
2. Site Name (For example, plant name or number): CRAFTMASTER CLEANERS
3. Hazardous Waste Generator Identification Number: FLD 984 24 8567
4. Facility Location: Street Address: 1737 E COMMERCIAL BLVD City: Ft Lauderdale County: BROWARD Zip Code: 33334
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112408-002

Responsible Official

6. Name and Title of Responsible Official: Name: STAN SCHAFFER Title: OWNER
7. Responsible Official Mailing Address: Organization/Firm: FRS, INC. Street Address: 1737 E COMMERCIAL BLVD - 1737 E. Commercial Boulevard City: Ft Lauderdale County: BROWARD Zip Code: 33334
8. Responsible Official Telephone Number: Telephone: (954) 772 8300 Fax: (954) 772 9072

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1997	Existing/New	RC/CA/None required	SAME
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

~~1200~~] gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site. (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source

Carbon adsorber
Refrigerated condenser

New machines at large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

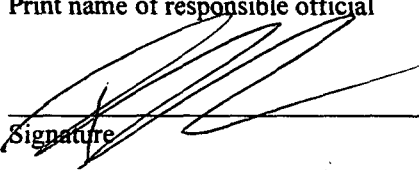
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are AIRS ID # 0112408.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

FREDERICK SCHAFFER
Print name of responsible official


Signature

12/20/02
Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
AIRB Ed # 0112108
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

~~Frederick Schaffer~~ STAN Schaffer
Print name of responsible official

~~[Signature]~~
Signature

[Signature]
Date
12/20/02



Florida
Department of
Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 1/28/2003
TO: STAN SCHAFFER
PHONE: 954-772-8300

FAX: 954-772-9072

FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: R.O. CERTIFICATION

CC: _____

Total number of pages including cover sheet: 3

Message

Please sign R.O. certification + return as soon as possible.

Rich

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

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Florida
Department of
Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David Strife
Secretary

FAX TRANSMITTAL SHEET

DATE:

1/28/2003

From
TO:

STAN SCHAFER

PHONE:

954-772-8300

FAX:

954-772-9072

TO:

RECK BUTLER

PHONE:

850-921-9586

Division of Air Resources Management

FAX:

850.922.6979

RE:

R.O. CERTIFICATION

CC:

Total number of pages including cover sheet:

3

Message

Please sign R.O. certification + return as soon as possible.

Rich

If there are any problems with this fax transmittal, please call the above phone number.

"Protect, Conserve, and Manage Florida's Environmental and Natural Resources"

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Bureau of Air Monitoring
& Mobile Sources

JAN 02 2003

RECEIVED

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	FRS, Inc.
2. Site Name (For example, plant name or number):	Craftmaster Cleaners
3. Hazardous Waste Generator Identification Number:	FLD984248567
4. Facility Location:	Street Address: 1737 E Commercial Blvd City: Ft Lauderdale County: Broward Zip Code: 33334

Responsible Official

6. Name and Title of Responsible Official:	Name: STAN SCHAFER Title: OWNER
7. Responsible Official Mailing Address:	Organization/Firm: FRS, Inc. Street Address: 1737 E Commercial Blvd City: Ft Lauderdale County: Broward Zip Code: 33334
8. Responsible Official Telephone Number:	Telephone: (954) 772 8300 Fax: (954) 772 9072

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number:	Telephone: () Fax: ()

Bureau of Air Monitoring
& Mobile Sources

JAN 28 2003

RECEIVED

TRANSMISSION VERIFICATION REPORT

TIME : 01/28/2003 09:09
NAME : FDEP DIVISION OF AIR
FAX : 8509226979
TEL : 8504880114
SER.# : BROG2J568046

DATE, TIME 01/28 09:08
FAX NO./NAME 619547729072
DURATION 00:01:07
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM



Florida
Department of
Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David Struhs
Secretary

F A X T R A N S M I T T A L S H E E T

DATE: 1/28/2003

TO: STAN SCHAFFER

PHONE: 954-772-8300

FAX: 954-772-9072

FROM: RICK BUTLER

PHONE: 850-921-9586

Division of Air Resources Management

FAX: 850.922.6979

RE: R.O. CERTIFICATION

CC: _____

Total number of pages including cover sheet: 3

Message DD - DD 11.7. +

BEST AVAILABLE COPY

THIS PORTION MUST BE AT THE ATTENTION OF THE OFFICE OF THE ASSISTANT ATTORNEY GENERAL FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. ✓

TOTAL AMOUNT DUE: \$50.00

465978 DEC13 2006

Do NOT Remove Label

AIRS ID# 112408 ✓
F.R.S. INC
1737 E Commercial Blvd
FT LAUDERDALE, FLORIDA
33334

BUREAU OF ALL MONITORING
& Mobile Sources

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

DEC 14 2006

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

FILED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458468 JAN26 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

112408 10
CRAFTMASTER CLEANERS
1737 E Commercial Blvd
FT LAUDERDALE, FL 33334

Bureau of Air Monitoring
& Mobile Sources

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

JAN 27 2006
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4474337 FEB 24 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 112408 1stC
CRAFTMASTER CLEANERS
1737 E Commercial Blvd
FT LAUDERDALE, FL 33334

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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FEB 28 2005
Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
AIRS ID# 112408 1stC CRAFTMASTER CLEANERS 1737 E Commercial Blvd FT LAUDERDALE, FL 33334	
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID# 112408 1stC
 CRAFTMASTER CLEANERS
 1737 E Commercial Blvd
 FT LAUDERDALE, FL 33334

2. Article Number

(Transfer from service)

7003 0500 0004 0144 8440

COMPLETE THIS SECTION ON DELIVERY

 A. Signature Agent
 [Signature] Addressee

 B. Received by (*Printed Name*)

C. Date of Delivery

8-7-05

 D. Is delivery address different from item 1? Yes

 If YES, enter delivery address below: No

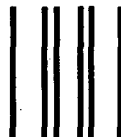
3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

 4. Restricted Delivery? (*Extra Fee*)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434680 DEC24 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

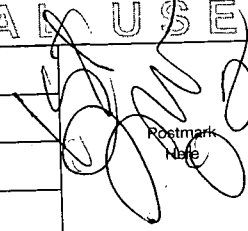
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

112408
STAN SCHAFFER
CRAFTMASTER CLEANERS
1737 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A
Fund: 20-2-035001
Obj.: 002273

RECEIVED
DEC 29 2003
Bureau of Air Mail
& Mobile Services

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	 Postmark Date
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	AIRS ID#0112408
Sent To	CRAFTMASTER CLEANERS
	STAN SCHAFFER
Street, Apt. or PO Box	1737 E COMMERCIAL BLVD
City, State	FT LAUDERDALE FL 33334
PS Form 3811, July 1999	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>Frederick Schaffer</i> B. Date of Delivery <i>2-7-03</i></p> <p>C. Signature <i>[Signature]</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0112408</p> <p>CRAFTMASTER CLEANERS STAN SCHAFFER 1737 E COMMERCIAL BLVD FT LAUDERDALE FL 33334</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from <u>7001 0320 0001 7976 7444</u>)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422469 FEB 3 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

X

Do NOT Remove Label

AIRS ID#0112408

CRAFTMASTER CLEANERS
 STAN SCHAFFER
 1737 E COMMERCIAL BLVD
 FT LAUDERDALE FL
 33334

Bureau of Air Monitoring
& Mobile Sources

FEB 07 2003

RECEIVED

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273